

## Improvement Plan for Certification and Verification School Year 2008-2009

1. Write "Yes" or "No" in the column to indicate the action is in place.
2. Record the implementation date.
3. Record name of employee responsible for action.

	Action in Place (Yes/No)	Date of Implementation	Employee Responsible
<b>REQUIRED ACTIONS</b>			
Toll-free or Local Telephone Number			
Confirmation Reviewer			
Employee Responsible for Responding to Verification Assistance Requests			
Formal Follow-up and System of Documentation			
Participation in Direct Certification			
<b>OPTIONAL ACTIVITIES</b>			
Third Party Assistance with Verification Follow-up			
Exemption of Up to 5% from Verification Sample			
<b>ADDITIONAL ACTIONS</b>			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

School District: \_\_\_\_\_

Agreement #: \_\_\_\_\_

**DUE DATE: November 14, 2008**

**FAX or MAIL this Improvement Plan to: FAX #517-373-4022**

**ATTN: School Nutrition Training & Programs  
Grants Coordination and School Support  
Michigan Department of Education  
PO Box 30008  
Lansing, MI 48909**

MDE Office Only Received: